

POSITION	ID NO.	DATE
CLASSIFIER	25	11/17/95
EXAMINER	QD	7/21/95
TYPIST	Minerva	07/27/95
VERIFIER	1630	9-6-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	Alicia	1/2/95
DRAFTING		

## INDEX OF CLAIMS

Claim	Date											
Final	Original	1	2	3	4	5	6	7	8	9	10	
1	1/17/95											
2												
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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